

No. W 101455		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DOCTOR MOM'S WHOLESOME HEALTH PLLC LARAMIE WHEELER 5072 BRENNAN BEND IDAHO FALLS ID 83401		LARAMIE WHEELER 5072 BRENNAN BEND IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	LARAMIE WHEELER	5072 BRENNAN BEND	AMMON	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 101455		Signature: Laramie Wheeler				Date: 03/09/2014	
		Name (type or print): Laramie Wheeler				Title: Owner	
Processed 03/09/2014		* Electronically provided signatures are accepted as original signatures.					